NEBRASKA DEPARTMENT OF ENVIRONMENTAL QUALITY

AGRICULTURE SECTION * 1200 N STREET, SUITE 400 * LINCOLN, NE 68509-8922 * TEL: (402)471-4239 FAX: (402) 471-2909 * WEB SITE: <u>www.ndeq.state.ne.us</u>

Reserved for NDEQ Use only	
IIS #	

FORM C APPLICANT DISCLOSURE

This Applicant Disclosure is required by all applicants for livestock waste control facilities (LWCF) construction approvals, concentrated animal feeding operation permits, requests for coverage under a general permit, major modifications, or requests for permit transfers. If additional space is needed for any section, please print, "See Attached," and attach the information on a separate sheet of paper.

NAME OF ANIMAL FEEDING OPERATION				
NAME OF OWNER				
OPERATION LOCATION _	1/4 1/4 Section Township	N, Range E or W		
	County:			
	SECTION I			
		le, address, and phone number of the all corporate officers and directors; and		
Name	Title/Association with Operation	Address/Phone #		
				

SECTION II

In the space below, list the location of all animal feeding operations in Nebraska and other states wholly or partially owned or operated in the past 5 years by the applicant or individual(s) listed in Section I.

Name	Name of Operation	Legal Location of Operation (Qtr, Section, Township, Range, County, State)

SECTION III

In the space below, list any livestock waste discharges within the past five years that were not in compliance with permit conditions from any operation in the state of Nebraska wholly or partially owned or operated by the applicant and individuals listed in Section I.

Name of Operation	Location & Legal Description of Operation	Date(s) of Discharge	

SECTION IV

In the space below, list any criminal convictions for a violation of §81-1506 of the Nebraska Environmental Protection Act or any felony criminal convictions for violation of the environmental laws of any jurisdiction by any of the individuals listed in Section I.

Individual & Name of Operation	Violation	Date(s) of Violation
	CERTIFICATION	
As authorized representative for the following:	the animal feeding operation	on described above, I hereby certify
A. Neither I, nor any of the pers	sons named in Section I, hav	ve:
that were not in complia	nce with permit conditions	of the State within the past five years from any operation in Nebraska ant and individuals listed in Section I
 A criminal conviction for Protection Act, or a felor jurisdiction. 	_	he Nebraska Environmental iolation of environmental laws in any
B. I have completely and accur	ately disclosed all informati	on required by this form.
the application or revocation	n of a permit once issued. I	formation may result in rejection of also understand that any minal penalties provided for by law.
Printed or Typed Name of Autho	rized Representative	
Signature of Authorized R	 Cepresentative	Date of Signature

NOTE: Applicant is responsible for compliance with all local laws and for obtaining applicable local, county, and other permits.